

Medical Summary Report Worksheet

(use additional sheets, if necessary)

RE:

SSN:

DOB:

Dear _____ :

INTRODUCTION

(Brief physical description; description of individual's behavior in interview(s))

PERSONAL HISTORY

(Including abuse/trauma history; educational history; employment; legal; interpersonal; military; general early history; physical health history; substance use history)

PHYSICAL HEALTH HISTORY

(Including current and past diagnoses; treatment; surgery; accidents; hospitalizations, and any falls, hits, accidents, or fights that caused unconsciousness)

PSYCHIATRIC HISTORY

(Initial symptoms; ongoing symptoms; inpatient treatment; outpatient treatment; day hospital/day programs; emergency room visits; past and current treatment, including medications and side effects)

FUNCTIONAL INFORMATION

ADLs

Social Functioning

Ability to Concentrate, Persist, and Pace

Episodes of Decompensation (N/A, if not applicable)

SUMMARY

If you have any questions, please do not hesitate to call _____ at _____ or
Dr. _____ at _____.

Sincerely,